

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

57348

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

1 Manifest Number 015-001831

<b>GENERATOR</b> (Generator Must Complete)		3 Designated TSD Facility (Authorized to operate under an approved state program or federal program)		4 Alternate TSD Facility SFUND RECORDS CTR 999000876	
2 Name <u>ALUMINUM CO OF AMERICA OPERATING LTD</u>		Name <u>RETCHEM</u>			
EPA NO. <u>CAD074126651</u>		EPA NO. <u>CD050018024</u>		EPA NO. <u>                    </u>	
Address <u>5151 ALCOA BLVD</u> Phone No. <u>554441</u>		Address <u>900 POTERO GRANDE</u>		Address <u>                    </u>	
City, State, Zip <u>KERN 90058</u>		City, State, Zip <u>MONTREY PARK</u>		City, State, Zip <u>                    </u>	

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

6 WASTE CATEGORY <u>#7</u>		7 EX. HAZ. WASTE PERMIT NO. <u>                    </u>		8 GENERATING PROCESS <u>FRIGIDATER</u>	
LIST COMPONENTS:		CONC. UPPER	RANGE LOWER	UNITS	
9 A. <u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. <u>                    </u>
B. <u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. <u>                    </u>
C. <u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. <u>                    </u>
D. <u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material <u>100</u> %
10 WASTE PROPERTIES: pH <u>7</u> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen					
11 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <u>ALUMINUM OXIDES, WASTE</u>					
12 SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other <u>                    </u>					

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 K. Gump Signature of Authorized Agent and Title  
2-13-81 Date Shipped

<b>TRANSPORTER</b> (HAULER MUST COMPLETE)		15 PICK-UP DATE <u>2-13-81</u>	
14 NAME <u>ASBURY OIL CO.</u>		TIME <u>9:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. <u>CAD028277036</u>		2-13-81	
ADDRESS <u>13419 Halldale Avenue</u> PHONE NO. <u>(213) 321-1392</u>		16 <u>John Quinn</u> Signature of Authorized Agent and Title	
CITY, STATE, ZIP <u>Gardena, California 90249</u>		Date <u>2-13-81</u>	

<b>TSD FACILITY</b> (FACILITY OPERATOR MUST COMPLETE)		21 HANDLING OR DISPOSAL METHOD:	
17 NAME <u>CRIPPS Inc</u>		<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill	
EPA NO. <u>CAT050012024</u>		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
PHONE NO. <u>                    </u>		<input type="checkbox"/> Treatment (Specify) <u>                    </u>	
20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: <u>                    </u>		<input checked="" type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: <u>                    </u>		22 <u>                    </u> Signature of Authorized Agent and Title	
22 NAME <u>                    </u>		Date Accepted <u>2-13-81</u>	
EPA NO. <u>                    </u>			

ORIGINAL